

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-029532

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2077

1. PLACE OF DEATH  
a. COUNTY ST. Louisb. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN NormandyLength of stay in 1b  
DAYc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Normandy Osteo. HospInside Limits  
Yes ☒ No ☐

c. CITY OR TOWN Normandy

d. STREET ADDRESS (if outside, give location)  
7623 San DiegoInside Limits  
Yes ☒ No ☐Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Rudolph F. Meyer

4. DATE OF DEATH

Month

Day

Year

7-13-1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-4-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mattress Maker

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

ST. Louis Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Rudolph H. Meyer

13b. MOTHER'S MAIDEN NAME

Augusta Tigus

14. NAME OF HUSBAND OR WIFE

Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Clara Meyer 7623 San Diego

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac Arrest

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Myocardial Infarction (Pectoris)

DUE TO (c)

Coronary artery occlusion

INTERVAL BETWEEN  
ONSET AND DEATH

72 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-12-62 to 7-13-62 and last saw her alive on 7-13-1962  
Death occurred at 11 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David D. Jordan D.O.

22b. ADDRESS

7520 Natural Bridge

22c. DATE SIGNED

7/14/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

7-16-1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

ST. Louis Co

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

O'Sullivan Muckle Kron Jennings Rd.

25. DATE RECD. BY LOCAL REG.

7-16-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

14031

24031

3

40

51

6

70

81

94201

10

11

1243-2

13

Gardner  
7520 Oak Ridge  
CA 50771 I.P.M.  
May 3 - 21 44

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence O. Heeling

Licensed Embalmer No. 4979

P. O. Address Berkeley, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.